



Dressage Grand-Ducal
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ORDER FORM FOR SHIPMENT OF SEMEN

(Please fill out in block letters and send by email before the desired shipment date.)

Desired stallion _____

Name of the mare _____

Registration no. _____

Colour _____

Sire _____

Dam _____

Breeding Association _____

Not in foal from previous year

yes no

Membership no. _____

Owner of the mare

Name _____

Street _____

Postcode / City _____

E-Mail _____

Phone / Fax _____

Tax number / VAT _____

Invoice address (if different)

Delivery address

Name _____

Street _____

Postcode / City _____

Phone _____

Veterinarian

The semen will be required on _____

We also ask you to send us a copy of the mare's certificate of pedigree.

By placing an order for semen, you acknowledge our Insemination Conditions as well as our Terms & Conditions.

Place, Date _____

Signature _____